MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-045182

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 502 Registrar's No. 3532

FILED DEC 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

14000
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MANCHESTER MO
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Pine Crest Nursing
Inside Limits: Yes ✓ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Brentwood 17 Mo
Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 8746 Rose
Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First Mattie Middle Carter Last
4. DATE OF DEATH: Month November Day 29 Year 1962
5. SEX: F
6. COLOR OR RACE: Col
7. Married ☐ Never Married ☐ Widowed ✓ Divorced ☐
8. DATE OF BIRTH: Sept 5 1892
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): LA GRANGE N.Y.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John L. Sutter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Louise Craft Address: Ronalee Brentwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterio-Selerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10-20 yrs?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-Selerotic-Cardio-Vascular Disease & Chronic Brain Syndrome — 20 yrs?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ① Right Hemiplegia ② Decubiti Both Hips
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ✓ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐: None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-6-62 to 11-29-62 and last saw her/him alive on 11-25-62
Death occurred at 11-29-62 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eileen M. Kearney M.D.
22b. ADDRESS: 860 N. Woodlawn
22c. DATE SIGNED: 12-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 6 62
23c. NAME OF CEMETERY OR CREMATORY: Musick Cemetery
23d. LOCATION (City, town, or county) (State): Musick Mo

24. FUNERAL DIRECTOR: C. Gundelfinger & Sons ADDRESS: 23 Euclid
25. DATE RECD. BY LOCAL REG.: 12-4-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert T. Yaudes

Licensed Embalmer No. 4243

P. O. Address 23 Euclid
Jekstes Grove 19 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.